d d	ADIZONA OPATIK	V
er of each	1. PLACE OF BIRTH BUREAU OF	BOARD OF HEALTH VITAL STATISTICS State File No. 192
		RTIFICATE OF BIRTH Registered No. 162
number	County	State
tho	District or Township	or Village
	CityNo	
t, and	(If birth o	occurred in a hospital or institution, give its NAME instead of street and number)
CORD	2. Full name of child	If child is not yet named, make supplemental report, as directed.
ر ق	To be answered ONLY 4. Twin, triplet or of in event of plural	6. Legitimate?
be made for	births. 5. No., in order of births.	th of blesh
	8. Z FATHER	14. MOTHER
ا قا	Full name Trancisco Vos grass	Pull melden many \$1
must be	9. Residence	The march name Clerk
TE RETURN birth stated.	(Usual place of abode) Silver A.	15 Residence (Usual place of abode)
L S	If non-resident, give place and state.	If non-resident, give place and state.
H A	10. Color or race	16 Color or race
∑5	Mex 11. Age at last birthday Years	17. Age at last birthday 19 (Vesta)
h, a SEPARATE RI order of birth	12. Birthplace (city or place)	
S O	(State or country) av	18. Birthplace (city or place)
a birth,	13. Occupation	(State or country)
ă	Nature of Industry Januar	19. Occupation
¥		Nature of industry
one child a	20. Number of children of this mother (a) Born alive a	and now living
900	(1aken as of time of birth of child herein) (b) Born alive !	but now deadthalmin geometerum?
chan	CEPTEICATE OF ATTENDED	
5	I nereby certify that I attended the birth of this child, who was	
	When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that matter the control of the cont	(Born alive or stillborn.)
<u> </u>	etc., should make this return. A stillborn child is one that neither breather pro-	()4.0100 800
	child is one that neither breathes nor shows other evidence of life after birth.	and of the slope
_ 11	Given name added from a supplemental report. Month January Address	(Physiolic a midwi (e).
å	Month, day, year	/ /
ž '	Registrar Filed (1925. W. W. Houst
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